1i

į:

į



PART B - FEE(S) TRANSMITTAL



end this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents -- -P.O. Box 1450
Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through S should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fee notifications or directed below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indirecting a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any obtage of address)

22862

12/20/2005

GLENN PATENT GROUP 3475 EDISON WAY, SUITE L

0B/21/2006 TBESHAH2 00000038 071445

10775483

01 FC:1501 02 FC:1504

1400.00 DA 300.00 DA

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(5) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mull in an eavelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kristianne Serrano (Depositor's nume) (Signature) March 20, 2006

OMB 0651-0033 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

APPLICATION NO.	Piling date	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/775,483	02/09/2004	B. Alex Robinson	TEGI0003C	1046

TITLE OF INVENTION: KEYBOARD SYSTEM WITH AUTOMATIC CORRECTION

APPLN TYPE	SMALL ENTITY	ISSUE FEE		TOTAL SECTION NAME	DATE DUE		
	1			TOTAL FEE(S) DUE			
nonprovisional	Ю	\$1400	\$300	\$1700	03/20/2006		
EXAMINER		ART UNIT	CLASS-SUBCLASS]· · · · ·			
CHOW, DOON Y		2677	345-173000	-			
FR 1.363).	ce address or indication of "F		2. For printing on the patent front page, I		A. Glenn		
Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.		Correspondence	 (1) the names of up to 3 registered pate or agents OR, alternatively, (2) the name of a single firm (having as 		Patent Group		
Trcc Address" indication (or "Fee Address" Indication form PTO/SB/47; Roy 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
ASSIGNEE NAME AN	d residence data to e	É PRINTED ON TH	IE PATENT (print or type)				
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified b in 37 CFR 3.11. Completion	clow, no assignce da of this form is NOT;	ata will appear on the patent. If an assignment.	neo is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	NEE	(B) i	RESIDENCE; (CITY and STATE OR CO	UNTRY)			
America Onlin	e, Inc.	[Dulles, VA				
a. The following fee(s) ar	te assignee camegory or catego e enclosed:	· · · · · · · · · · · · · · · · · · ·	ted on the patent): Individual 🖾 (Corporation or other private g	roup entity Government		
☑ Issue Fee			A check in the amount of the fee(s) is a	nclosed,			
Publication Fee (No small entity discount permitted)		ed) [Payment by credit card. Form PTO-2038 is attached.				
Advance Order - #	of Copies		The Director is hereby authorized by coposit Account Number 07-1445 Glonn P	chares the required foc(s), o stent Group (cholose an extra	r credit any overpayment, copy of this form).		
	re (from snatus indicated abov	·			·		
	SMALL ENTITY status. See		I b. Applicant is no longer claiming SM				
he Director of the USPTO OTE: The Issue Fee and iterest as shown by the re	O is requisited to apply the last Publication Fee (if required) lookes of the United States Pub-	ue Fee and Publicarie Will met be accepted i gat and Lindemark C	on Foe (if any) or to re-apply any previous from anyone other than the applicant, a re office.	sly paid issue fee to the appli gistered attorney or agent; or	cation identified above. the assignee or other party !		
Authorized Signature _	Must	W	Date Ma	rch 20, 2008	٠ الله الله الله الله الله الله الله الل		
	Christopher Peil			n No. 45,005			
	4-1-401		is required to obtain or retain a benefit by 14. This collection is estimated to take 12 epending upon the individual case. Any Chief Information Officer, U.S. Pateut an OMPLETED FORMS TO THIS ADDRESS and to a collection of information values.				